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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself   |   |   |   |
|-----|---|---|---|---|
|     |   | About Debtor 1:                                   |   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |   |   |   |
|     | Write the name that is on your government-issued picture identification (for                                      | Robert<br>First name                              |   | First name                                    |
|     | example, your driver's license or passport).  | Middle name                                       | - | Middle name                                   |
|     | Bring your picture identification to your meeting with the trustee.   | Castillo Last name and Suffix (Sr., Jr., II, III) | - | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |   |   |   |
|     | Include your married or maiden names.   |   |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0149                                       |   |   |

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Debtor 1 Robert Castillo

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|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 4246 W. Henderson St.   | If Debtor 2 lives at a different address:  |
|    |   | Chicago, IL 60641  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |   | Cook  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  | Check one:   |
|    | banki uptoy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |
|    |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

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Case number (if known) Debtor 1 Robert Castillo Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ☐ Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

No. Go to line 12.

bankruptcy petition.

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Case number (if known) Debtor 1 Robert Castillo Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure Bankruptcy Code and are you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Robert Castillo

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

# ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

## ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 56 Case number (if known) Debtor 1 Robert Castillo **Answer These Questions for Reporting Purposes** Part 6: Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000 50-99** owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 □ 200-999 How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Robert Castillo Signature of Debtor 2 **Robert Castillo** Signature of Debtor 1 Executed on Executed on January 19, 2017 MM / DD / YYYY MM / DD / YYYY

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For your attorney, if you are represented by one

Robert Castillo

Debtor 1

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Linda G. Bal                       | Date          | January 19, 2017 |  |
|--|---------------|------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY   |  |
|  |               |                  |  |
| Linda G. Bal                           |               |                  |  |
| Printed name                           |               |                  |  |
| Linda Bal Law Inc.                     |               |                  |  |
| Firm name                              |               |                  |  |
| 207 N. Walnut Street                   |               |                  |  |
| Itasca, IL 60143                       |               |                  |  |
| Number, Street, City, State & ZIP Code |               |                  |  |
| Contact phone <b>630-285-0255</b>      | Email address | LindaBal@att.net |  |
| 6202830                                |               |                  |  |
| Bar number & State                     |               | <del></del>      |  |

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|----|
|    |
| ;  |

# Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

|     |  | Your as<br>Value o | ssets<br>f what you own |
|-----|--|--------------------|-------------------------|
|     |  |                    | , , , , ,               |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                 | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 79,711.75               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 79,711.75               |
| Par | t 2: Summarize Your Liabilities  |                    |                         |
|     |  |                    | abilities<br>t you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 0.00                    |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$                 | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                 | 52,155.00               |
|     | Your total liabilities   | \$                 | 52,155.00               |
| Par | t 3: Summarize Your Income and Expenses  |                    |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 1,057.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                 | 1,050.00                |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |                    |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sch       | nedules.                |
|     | ■ Yes  |                    |                         |
| 7.  | What kind of debt do you have?   |                    |                         |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 1,170.33 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Robert Castillo

| From Part 4 on Schedule E/F, copy the following:   | Total clair | m    |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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Desc Main Case 17-01558 Doc 1 Filed 01/19/17 Entered 01/19/17 12:23:49 1/19/17 12:22PM Document Page 10 of 56 Fill in this information to identify your case and this filing: Debtor 1 **Robert Castillo** Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse, if filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No ☐ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Yes. Describe.....

Ordinary household goods and furnishings

\$35.00 Includes: Bed

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$650.00

Document Page 12 of 56 Case number (if known) Debtor 1 **Robert Castillo** Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$10.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Checking - Acct** 17.1. ending in 5783 **Chase Bank** \$97.78 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Roth IRA **Ameriprise Financial** \$44.891.58 Roth IRA **Riversource Life Insurance** \$6,170.52 Roth IRA **Riversource Life Insurance** \$27.891.87 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. .....

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33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

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Case 17-01558 Doc 1 Filed 01/19/17 Entered 01/19/17 12:23:49 Desc Main Document Page 14 of 56 Case number (if known) Debtor 1 **Robert Castillo** 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$79,061.75 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00

\$650.00

\$0.00

\$0.00

\$0.00

Copy personal property total

\$79,061.75

\$79,711.75

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 3: Total personal and household items, line 15

Part 6: Total farm- and fishing-related property, line 52

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61...

Part 4: Total financial assets, line 36

61.

\$79,711.75

\$79,711.75

Document Page 15 of 56 Fill in this information to identify your case: Debtor 1 **Robert Castillo** Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E  | xempt                                |        |   |                                    |  |  |  |
|----|---|--------------------------------------|--------|---|------------------------------------|--|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.   |                                      |        |   |                                    |  |  |  |
|    | ■ You are claiming state and federal nonban   | kruptcy exemptions.                  | 11 U.S | S.C. § 522(b)(3)  |                                    |  |  |  |
|    | ☐ You are claiming federal exemptions. 11 to  | J.S.C. § 522(b)(2)                   |        |   |                                    |  |  |  |
| 2. | For any property you list on Schedule A/B   | that you claim as exe                | empt,  | fill in the information below.                                  |                                    |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|    |   | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                                    |  |  |  |
|    | Ordinary household goods and  | \$35.00                              |        | \$35.00   | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | furnishings   |                                      |        | 100% of fair market value, up to                                |                                    |  |  |  |
|    | Includes: Bed<br>Line from Schedule A/B: 6.1  |                                      |        | any applicable statutory limit                                  |                                    |  |  |  |
|    | Contents of storage locker  | \$335.00                             |        | \$335.00  | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | Includes: Clothing, couch, futon, kitchen table + 4-chairs, 2-dressers, 2-file cabinets, dishes, X-mas decorations. Line from Schedule A/B: 6.2 |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Ordinary household electronics  | \$210.00                             |        | \$210.00  | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | Includes: TV (19" 5 yo), smart phone, I-pad<br>Line from <i>Schedule A/B</i> : <b>7.1</b>   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Necessary wearing apparel Line from Schedule A/B: 11.1  | \$50.00                              |        | \$50.00   | 735 ILCS 5/12-1001(a)              |  |  |  |
|    | LINE HOTH SCHEUUR AVB. 11.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |

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Case number (if known)

| Debtor | 1 Robert Castillo  | Document                             |         | Case number (if known)  |                                    |
|--------|--|--------------------------------------|---------|---|------------------------------------|
|        | ief description of the property and line on<br>thedule A/B that lists this property  | Current value of the portion you own |         |   | Specific laws that allow exemption |
|        |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|        | ostume jewelry<br>ne from <i>Schedule A/B</i> : <b>12.1</b>                          | \$20.00                              |         | \$20.00   | 735 ILCS 5/12-1001(b)              |
|        | Line IIIIII Schedule AVD. 12.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | ash<br>ne from <i>Schedule A/B</i> : <b>16.1</b>                                     | \$10.00                              |         | \$10.00   | 735 ILCS 5/12-1001(b)              |
| LII    | ie iidiii <i>Schedule A</i> /B. 10.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | hecking - Acct ending in 5783:   | \$97.78                              |         | \$97.78   | 735 ILCS 5/12-1001(b)              |
|        | ne from <i>Schedule A/B</i> : <b>17.1</b>  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | oth IRA: Ameriprise Financial  | \$44,891.58                          |         | \$44,891.58   | 735 ILCS 5/12-1006                 |
| LII    | le IIIIII Schedule A.B. 21.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | oth IRA: Riversource Life Insurance  | \$6,170.52                           |         | \$6,170.52  | 735 ILCS 5/12-1006                 |
| LII    | le IIIIII Schedule A.B. 21.2   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | oth IRA: Riversource Life Insurance  | \$27,891.87                          |         | \$27,891.87   | 735 ILCS 5/12-1006                 |
| LII    | le IIIIII Schedule A/B. 21.3   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | re you claiming a homestead exemption of ubject to adjustment on 4/01/19 and every 3 |                                      |         | iled on or after the date of adjustmen                          | t.)                                |
|        | Yes. Did you acquire the property covere   | ed by the exemption w                | ithin 1 | ,215 days before you filed this case?                           | ?                                  |
|        | □ No   |                                      |         |   |                                    |
|        | □ Yes  |                                      |         |   |                                    |

|                     |                          |                   | III FAUE 17 ULJU |                       |
|---------------------|--------------------------|-------------------|------------------|-----------------------|
| Fill in this infor  | rmation to identify your | case:             |                  |                       |
| Debtor 1            | Robert Castillo          |                   |                  |                       |
|                     | First Name               | Middle Name       | Last Name        |                       |
| Debtor 2            |                          |                   |                  |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                       |
| Case number         |                          |                   |                  |                       |
| (if known)          |                          |                   |                  | ☐ Check if this is an |
|                     |                          |                   |                  | amended filing        |

# Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

| Case 17-01558 Doc  | c 1 Filed 01/19/17<br>Document  | Entere<br>Page 18   | ed 01/19/17 12:23:49                            | Desc Main 1/19/17 12:22PM           |
|--|---|---------------------|---|-------------------------------------|
| Fill in this information to identify your case   |   | Fau <del>c</del> 10 | 3 01 30   |                                     |
| Debtor 1 Robert Castillo   |   |                     |   |                                     |
| First Name   | Middle Name   | Last Name           |   |                                     |
| Debtor 2   |   |                     |   |                                     |
| (Spouse if, filing) First Name   | Middle Name   | Last Name           |   |                                     |
| United States Bankruptcy Court for the: NO   | ORTHERN DISTRICT OF ILL   | INOIS               |   |                                     |
| Case number  |   |                     |   |                                     |
| (if known)   |   |                     |   | ☐ Check if this is an               |
|  |   |                     |   | amended filing                      |
| Official Form 100F/F   |   |                     |   |                                     |
| Official Form 106E/F   | . Hava Haaaauuad (  | Claima              |   | 40/4E                               |
| Schedule E/F: Creditors Who  Be as complete and accurate as possible. Use Pa   |   |                     |   | 12/15                               |
| Schedule D: Creditors Who Have Claims Secured left. Attach the Continuation Page to this page. If name and case number (if known).  Part 1: List All of Your PRIORITY Unsections.            | you have no information to rep  |                     |   |                                     |
| Do any creditors have priority unsecured cla   |   |                     |   |                                     |
| No. Go to Part 2.  | iiiio agaiiiot you .  |                     |   |                                     |
| ☐ Yes.   |   |                     |   |                                     |
| Part 2: List All of Your NONPRIORITY U   | nsecured Claims   |                     |   |                                     |
| 3. Do any creditors have nonpriority unsecured   |   |                     |   |                                     |
| ☐ No. You have nothing to report in this part. S   |   | our other sche      | adules  |                                     |
|  | bubling this form to the court with y   | our ourer some      | aules.  |                                     |
| Yes.   |   |                     |   |                                     |
| <ol> <li>List all of your nonpriority unsecured claims<br/>unsecured claim, list the creditor separately for<br/>than one creditor holds a particular claim, list the<br/>Part 2.</li> </ol> | each claim. For each claim listed,  | identify what t     | ype of claim it is. Do not list claims a        | already included in Part 1. If more |
|  |   |                     |   | Total claim                         |
| 4.1 CHASE CARD   | Last 4 digits of acco   | unt number          | 8250  | \$25,038.00                         |
| Nonpriority Creditor's Name  |   |                     | Opened 07/06 Leet Activ                         |                                     |
| PO BOX 15298<br>WILMINGTON, DE 19850   | When was the debt i   | incurred?           | Opened 07/06 Last Active 9/03/10                | <del></del>                         |
| Number Street City State ZIp Code  | As of the date you fi   | le, the claim i     | s: Check all that apply                         |                                     |
| Who incurred the debt? Check one.  |   |                     |   |                                     |
| Debtor 1 only  | ☐ Contingent  |                     |   |                                     |
| ☐ Debtor 2 only  | _   |                     |   |                                     |
| Debtor 1 and Debtor 2 only   | ☐ Unliquidated  |                     |   |                                     |
|  | ☐ Disputed  |                     |   |                                     |
| ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORI   | TY unsecured        | l claim:  |                                     |
| ☐ At least one of the debtors and another☐ Check if this claim is for a communi  | ☐ Disputed  Type of NONPRIORI  By Student loans   |                     |   |                                     |
| ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORI  By Student loans   | g out of a sepa     | I claim:<br>ration agreement or divorce that yo | u did not                           |
| ☐ At least one of the debtors and another☐ Check if this claim is for a communidebt  | U Disputed Type of NONPRIORI  ty U Student loans U Obligations arising report as priority claim | g out of a sepa     |   | u did not                           |

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| 4.2 | CHASE CARD  | Last 4 digits of account number                               | 5499   | \$8,099.00 |
|-----|---|---|--|------------|
|     | Nonpriority Creditor's Name PO BOX 15298 WILMINGTON, DE 19850       | When was the debt incurred?                                   | Opened 08/04 Last Active 12/07/10            |            |
|     | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|     | Debtor 1 only   | ☐ Contingent  |  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|     | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                 | l claim:                                     |            |
|     | ☐ Check if this claim is for a community                            | ☐ Student loans   |  |            |
|     | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |            |
|     | ■ No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|     | Yes   | Other. Specify Credit Card                                    | <u> </u>                                     |            |
| 4.3 | COLLECTION PROFESSIONA  Nonpriority Creditor's Name                 | Last 4 digits of account number                               | 3784   | \$3,206.00 |
|     | 400 N DUDLEY ST<br>MACOMB, IL 61455                                 | When was the debt incurred?                                   | Opened 07/12 Last Active 12/31/12            |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|     | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|     | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured                                 | l claim:                                     |            |
|     | ☐ Check if this claim is for a community                            | Student loans   |  |            |
|     | debt<br>Is the claim subject to offset?                             | report as priority claims                                     | ration agreement or divorce that you did not |            |
|     | No  | Debts to pension or profit-sharin                             |  |            |
|     | Yes   | Other. Specify Collection                                     | Attorney D M ENTERPRISES                     |            |
| 1.4 | COLLECTION PROFESSIONA  Nonpriority Creditor's Name                 | Last 4 digits of account number                               | 0403   | \$730.00   |
|     | 400 N DUDLEY ST<br>MACOMB, IL 61455                                 | When was the debt incurred?                                   | Opened 01/15                                 |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|     | Debtor 1 only   | ☐ Contingent  |  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|     | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                 |  |            |
|     | ☐ Check if this claim is for a community                            | ☐ Student loans   |  |            |
|     | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a sepa report as priority claims |  |            |
|     | ■ No  | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |
|     | Yes   | ■ Other. Specify Collection A MEMORIAL                        | Attorney CULBERTSON HOSPITAL                 |            |

Debtor 1 Robert Castillo

Document

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| Debtor | 1 Robert Castillo  |   | Case number (if know)                        |          |  |  |  |
|--------|--|---|--|----------|--|--|--|
| 4.5    | COLLECTION PROFESSIONA   | Last 4 digits of account number                               | 9624   | \$616.00 |  |  |  |
|        | Nonpriority Creditor's Name<br>400 N DUDLEY ST<br>MACOMB, IL 61455   | When was the debt incurred?                                   | Opened 10/15                                 |          |  |  |  |
|        | Number Street City State Zlp Code                                    | As of the date you file, the claim i                          | s: Check all that apply                      |          |  |  |  |
|        | Who incurred the debt? Check one.                                    |   |  |          |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |          |  |  |  |
|        | Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |  |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | claim:                                       |          |  |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |          |  |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |          |  |  |  |
|        | ■ No   | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts             |          |  |  |  |
|        | ☐ Yes  | Collection A  MBULANC  AMBULANC                               | Attorney SCHUYLER CO<br>CE SERVIC            |          |  |  |  |
| 4.6    | COLLECTION PROFESSIONA   | Last 4 digits of account number                               | 3272   | \$463.00 |  |  |  |
|        | Nonpriority Creditor's Name  |   | Opened 05/14 Last Active                     |          |  |  |  |
|        | 400 N DUDLEY ST<br>MACOMB, IL 61455                                  | When was the debt incurred?                                   | 8/02/16                                      |          |  |  |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |          |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |          |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |  |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | claim:                                       |          |  |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   | ☐ Student loans                              |          |  |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a sepa report as priority claims |  |          |  |  |  |
|        | No   | ☐ Debts to pension or profit-sharin                           |  |          |  |  |  |
|        | ☐ Yes  | Other. Specify  Collection A DISTRICT F                       | Attorney MCDONOUGH<br>IOSPITAL-              |          |  |  |  |
| 4.7    | Comcast Cable  | Last 4 digits of account number                               | 0149   | Unknown  |  |  |  |
|        | PO Box 3001 Southeastern, PA 19398-3001                              | When was the debt incurred?                                   |  |          |  |  |  |
|        | Number Street City State Zlp Code                                    | As of the date you file, the claim i                          | s: Check all that apply                      |          |  |  |  |
|        | Who incurred the debt? Check one.                                    |   |  |          |  |  |  |
|        | Debtor 1 only  |   |  |          |  |  |  |
|        | ☐ Debtor 2 only ☐ Unliquidated                                       |   |  |          |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   |   |  |          |  |  |  |
|        | ☐ At least one of the debtors and another                            | claim:  |  |          |  |  |  |
|        | ☐ Check if this claim is for a community                             |   |  |          |  |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |          |  |  |  |
|        | No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |          |  |  |  |
|        | ☐ Yes  | Utility - Ser  Other. Specify Chicago, IL                     | vice Address: 1105 N. Spalding,<br>60651     |          |  |  |  |

Debtor 1 Robert Castillo

| DOC T | LIIGO OT/TƏ/T | EIIIGIGU 01/19/1/ 12.23.4           | ig Desciviani |                 |
|-------|---------------|-------------------------------------|---------------|-----------------|
|       | Document      | Page 21 of 56 Case number (if know) |               | 1/19/17 12:22PM |
|       |               |                                     |               |                 |

| 4.8 | ComEd  | Last 4 digits of account number 0149  | Unknown  |
|-----|--|---|----------|
|     | Nonpriority Creditor's Name PO BOX 6111                  | When was the debt incurred?   |          |
|     | Carol Stream, IL 60197-6111                              | When was the debt incurred:   |          |
|     | Number Street City State Zlp Code                        | As of the date you file, the claim is: Check all that apply   |          |
|     | Who incurred the debt? Check one.                        |   |          |
|     | Debtor 1 only  | ☐ Contingent  |          |
|     | Debtor 2 only  | ☐ Unliquidated  |          |
|     | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed  |          |
|     | $\square$ At least one of the debtors and another        | Type of NONPRIORITY unsecured claim:  |          |
|     | ☐ Check if this claim is for a community                 | ☐ Student loans   |          |
|     | debt<br>Is the claim subject to offset?                  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|     | No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|     | Yes  | ■ Other. Specify Chicago, IL 60651  |          |
| 4.9 | CONSUMER COLLECTION MN                                   | Last 4 digits of account number 5662  | \$245.00 |
|     | Nonpriority Creditor's Name 2333 GRISSOM DR              | When was the debt incurred? Opened 07/15  |          |
|     | SAINT LOUIS, MO 63146  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |          |
|     | Who incurred the debt? Check one.                        | 7.6 or the data you may the ordinate of book an that apply  |          |
|     | ■ Debtor 1 only  | ☐ Contingent  |          |
|     | Debtor 2 only  | ☐ Unliquidated  |          |
|     | ☐ Debtor 1 and Debtor 2 only                             | □ Disputed  |          |
|     | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:  |          |
|     | ☐ Check if this claim is for a community                 | ☐ Student loans   |          |
|     | debt Is the claim subject to offset?                     | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|     | Yes  | ■ Other. Specify Collection Attorney ST JOHN S HOSPITAL   |          |
| 4.1 | Dish Network   | Last 4 digits of account number 0149  | Unknown  |
|     | Nonpriority Creditor's Name                              |   |          |
|     | Dept 0063<br>Palatine, IL 60055-0063                     | When was the debt incurred?   |          |
|     | Number Street City State Zlp Code                        | As of the date you file, the claim is: Check all that apply   |          |
|     | Who incurred the debt? Check one.                        |   |          |
|     | Debtor 1 only  | ☐ Contingent  |          |
|     | Debtor 2 only  | ☐ Unliquidated  |          |
|     | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed  |          |
|     | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:  |          |
|     | ☐ Check if this claim is for a community                 | ☐ Student loans   |          |
|     | debt Is the claim subject to offset?                     | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|     | Yes  | Utility - Service Address: 1105 N. Spalding, Chicago, IL 60651  |          |

Document Page 22 of 56 Debtor 1 Robert Castillo Case number (if know) 4.1 **DIVERSIFIED** 2275 \$2,037.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P O BOX 551268 **JACKSONVILLE, FL 32255** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify 11 AT T ☐ Yes 4.1 **ENHANCED RECOVERY CO L** 9384 \$2,215.00 Last 4 digits of account number 2 Nonpriority Creditor's Name **8014 BAYBERRY RD** When was the debt incurred? **Opened 11/15** JACKSONVILLE, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney TMOBILE ☐ Yes 4.1 **EOS CCA** 9282 \$317.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO BOX 981008 When was the debt incurred? **Opened 08/12 BOSTON, MA 02298** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed

☐ Yes

debt

■ No

Schedule E/F: Creditors Who Have Unsecured Claims

Type of NONPRIORITY unsecured claim:

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney AT T MOBILITY

☐ Student loans

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

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| Debtor   | 1 Robert Castillo  |   | Case number (if know)                              |   |  |  |  |  |
|----------|--|---|--|---|--|--|--|--|
| 4.1      | Hearthland Bank  | Last 4 digits of account number                                   | 8792   | \$167.00                                |  |  |  |  |
| 4        | Nonpriority Creditor's Name  |   |  | • |  |  |  |  |
|          | 401 N. Hershey Road<br>Bloomington, IL 61702                         | When was the debt incurred?                                       | Opened 06/10 Last Active 6/21/12                   |   |  |  |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                              | s: Check all that apply                            |   |  |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |   |  |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |  |   |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |   |  |  |  |  |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                     | I claim:   |   |  |  |  |  |
|          | ☐ Check if this claim is for a community                             | Student loans   |  |   |  |  |  |  |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a sepa report as priority claims       | ration agreement or divorce that you did not       |   |  |  |  |  |
|          | No   | Debts to pension or profit-sharin                                 | g plans, and other similar debts                   |   |  |  |  |  |
|          |  |   |  |   |  |  |  |  |
|          | ☐ Yes  | Other. Specify Deposit Re   | lated  |   |  |  |  |  |
| 4.1<br>5 | KOHLS/CAPONE   | Last 4 digits of account number                                   | 3397   | \$2,170.00                              |  |  |  |  |
|          | Nonpriority Creditor's Name  |   | Opened 02/05 Last Active                           |   |  |  |  |  |
|          | N56 W 17000 RIDGEWOOD DR<br>MENOMONEE FALLS, WI 53051                | When was the debt incurred?                                       | 9/30/11  |   |  |  |  |  |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim i                              | s: Check all that apply                            |   |  |  |  |  |
|          | Who incurred the debt? Check one.                                    | <u>_</u>  |  |   |  |  |  |  |
|          | Debtor 1 only  | Contingent  |  |   |  |  |  |  |
|          | Debtor 2 only  | Unliquidated  |  |   |  |  |  |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |   |  |  |  |  |
|          | At least one of the debtors and another                              | Type of NONPRIORITY unsecured  ☐ Student loans                    |  |   |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                        | _   | ration agreement or divorce that you did not       |   |  |  |  |  |
|          | Is the claim subject to offset?                                      | report as priority claims   |  |   |  |  |  |  |
|          | No   | ☐ Debts to pension or profit-sharin                               | g plans, and other similar debts                   |   |  |  |  |  |
|          | Yes  | ■ Other. Specify Charge Acc                                       |  |   |  |  |  |  |
| 4.1      |  |   |  |   |  |  |  |  |
| 6        | NORTHERN TRUST, NA   | Last 4 digits of account number                                   | 0001   | Unknown                                 |  |  |  |  |
|          | Nonpriority Creditor's Name PO BOX 92992                             | When was the debt incurred?                                       | Opened 12/18/07 Last Active 2/13/13                |   |  |  |  |  |
|          | CHICAGO, IL 60675  | _   |  |   |  |  |  |  |
|          | Number Street City State ZIp Code                                    | As of the date you file, the claim i                              | s: Check all that apply                            |   |  |  |  |  |
|          | Who incurred the debt? Check one.                                    | ☐ Contingent  |  |   |  |  |  |  |
|          | Debtor 1 only  |   |  |   |  |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |   |  |  |  |  |
|          | Debtor 1 and Debtor 2 only   | _ '   |  |   |  |  |  |  |
|          | At least one of the debtors and another                              | The debicis and another   |  |   |  |  |  |  |
|          | ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a sepa                               |  |   |  |  |  |  |
|          | Is the claim subject to offset?                                      | report as priority claims   | raison agreement or divorce that you did not       |   |  |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts |  |   |  |  |  |  |
|          | ☐ Yes  | ■ Other. Specify Mawr, Unit                                       | Foreclosure: 2412 W. Bryn<br>1N, Chicago, IL 60651 |   |  |  |  |  |

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| NORTHERN TRUST, NA   | Last 4 digits of account number                              | 0001   | Unknown |
|--|--|--|---------|
| Nonpriority Creditor's Name  | _  | On an ad 40/40/07 I and Anthon                         |         |
| PO BOX 92992<br>CHICAGO, IL 60675  | When was the debt incurred?                                  | Opened 12/18/07 Last Active 2/13/13                    |         |
| Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim                           | is: Check all that apply                               |         |
| Debtor 1 only  | ☐ Contingent   |  |         |
| Debtor 2 only  | ☐ Unliquidated   |  |         |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |         |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:   |         |
| ☐ Check if this claim is for a community   | ☐ Student loans  |  |         |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not          |         |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts                      |         |
| ☐ Yes  | ■ Other. Specify Unit 1N, Ch                                 | Secured - 2412 W. Bryn Mawr,<br>nicago, IL 60651       |         |
| NORTHERN TRUST, NA   | Last 4 digits of account number                              | 0001   | Unknow  |
| Nonpriority Creditor's Name PO BOX 92992 CHICAGO, IL 60675   | When was the debt incurred?                                  | Opened 11/06 Last Active 8/27/12                       |         |
| Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | is: Check all that apply                               |         |
| Debtor 1 only  | ☐ Contingent   |  |         |
| Debtor 2 only  | ☐ Unliquidated   |  |         |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |         |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:   |         |
| ☐ Check if this claim is for a community   | ☐ Student loans  |  |         |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not          |         |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts                      |         |
| Yes  | ■ Other. Specify Real Estate  N. Spalding                    | e Mortgage - Foreclosure: 1105<br>g, Chicago, IL 60651 |         |
| Peoples Gas  | Last 4 digits of account number                              | 0149   | Unknow  |
| Nonpriority Creditor's Name ATTENTION: BANKRUPTCY DEPARTMENT   | When was the debt incurred?                                  |  |         |
| 130 E. RANDOLPH 17TH FLOOR CHICAGO, IL 60601 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                               |         |
| Debtor 1 only  | ☐ Contingent   |  |         |
| Debtor 2 only  | ☐ Unliquidated   |  |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |         |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:   |         |
| ☐ Check if this claim is for a community   | ☐ Student loans  |  |         |
| debt Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not          |         |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts                      |         |
| ☐ Yes  | Utility - Ser Chicago, IL                                    | vice Address: 1105 N. Spalding,<br>. 60651             |         |

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| 4.2   | PORTFOLIO RECOVERY ASS  Nonpriority Creditor's Name 287 INDEPENDENCE VIRGINIA BEACH, VA 23462  Number Street City State Zlp Code Who incurred the debt? Check one.  | When was the debt incurred? Opened 06/13  As of the date you file, the claim is: Check all that apply  | \$791.00   |
|-------|---|--|------------|
|       | ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No  | □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  Factoring Company Account WORLD FINANCIAL NETWORK BANK   |            |
| 4.2   | Sprint  Nonpriority Creditor's Name PO BOX 4191 Carol Stream, IL 60197-4191  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No                 | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Cell Phone   | Unknown    |
| 4.2 2 | TIDEWATER MOTOR CREDIT  Nonpriority Creditor's Name  565 CEDAR RD CHESAPEAKE, VA 23320  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes | Cell Phone  Last 4 digits of account number 2761  Opened 08/10 Last Active 2/04/16  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Automobile | \$6,061.00 |

Debtor 1 Robert Castillo

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Desc Main

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| 4.2 | Vanguard Community Management  | Last 4 digits of account number 0149  | Unknown |
|-----|--|---|---------|
|     | Nonpriority Creditor's Name 50 E. Commerce, Suite 110                                      | When was the debt incurred?   |         |
|     | Schaumburg, IL 60173  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |         |
|     | Debtor 1 only  | ☐ Contingent  |         |
|     | ☐ Debtor 2 only  | ☐ Unliquidated  |         |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |         |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |         |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |         |
|     | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
|     | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |         |
|     | ☐ Yes  | Association Dues - 2412 W. Bryn Mawr, Unit 1N, Chicago, IL 60651  |         |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>52,155.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>52,155.00 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Page 27 of 56 Document Fill in this information to identify your case: Debtor 1 **Robert Castillo** First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 Life Storage Addison and Kedzie Chicago, IL  | Storage unit rental<br>Debtor is lessee |

|                                | Case 17-01550 1  | Docume  |                            | f 56   | 1/19/17 12:22PM  |
|--------------------------------|--|---|----------------------------|--|--|
| Fill in this i                 | nformation to identify your  |   |                            |  |  |
| Debtor 1                       | Robert Castillo  |   |                            |  |  |
|                                | First Name   | Middle Name   | Last Name                  |  |  |
| Debtor 2<br>(Spouse if, filing | ) First Name   | Middle Name   | Last Name                  |  |  |
| -                              | es Bankruptcy Court for the:                                       | NORTHERN DISTRICT                                   | OF ILLINOIS                |  |  |
| Case numbe                     | or   |   |                            |  |  |
| (if known)                     |  |   |                            |  | Check if this is an amended filing   |
| Official                       | Form 106H  |   |                            |  |  |
|                                | ule H: Your Cod  | ehtors  |                            |  | 12/15  |
| Scried                         | ule II. I oui oou  | CDIOIS  |                            |  | 12/13  |
| ill it out, and<br>our name a  |  | boxes on the left. Attach<br>Answer every question. | the Additional Page to     | o this page. On the top of                     | ed, copy the Additional Page,<br>any Additional Pages, write   |
| 1. 50 y                        | ou have any codesions. (in   | you are ming a joint case, c                        | o not list cliner spouse ( | as a codebior.                                 |  |
| ■ No                           |  |   |                            |  |  |
| ☐ Yes                          |  |   |                            |  |  |
|                                | in the last 8 years, have you<br>, California, Idaho, Louisiana,   |   |                            |  | tes and territories include  |
| ■ No. 0                        | Go to line 3.  |   |                            |  |  |
| ☐ Yes.                         | Did your spouse, former spou                                       | ıse, or legal equivalent live                       | with you at the time?      |  |  |
| in line 2                      | 2 again as a codebtor only i<br>06D), Schedule E/F (Official       | f that person is a guarant                          | or or cosigner. Make s     | sure you have listed the ci                    | th you. List the person shown<br>reditor on Schedule D (Official<br>edule E/F, or Schedule G to fill |
|                                | column 1: Your codebtor<br>ame, Number, Street, City, State and ZI | P Code  |                            | Column 2: The creditor Check all schedules the | or to whom you owe the debt at apply:  |
| 3.1                            |  |   |                            | ☐ Schedule D, line                             |  |
|                                | ame  |   |                            | □ Schedule E/F, line                           |  |
|                                |  |   |                            | ☐ Schedule G, line _                           |  |
| N                              | umber Street   |   |                            | _  |  |
| C                              | ity  | State   | ZIP Code                   |  |  |
| 3.2                            |  |   |                            | ☐ Schedule D, line                             |  |
|                                | ame  |   |                            | ☐ Schedule E/F, line                           |  |
|                                |  |   |                            | ☐ Schedule G, line _                           |  |
| N                              | umber Street   |   |                            | _  |  |

State

City

ZIP Code

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| Fill               | in this information to identify your ca  | ase:                          |   |                   |                 |                              |                  |                         |         |                            |     |
|--------------------|--|-------------------------------|---|-------------------|-----------------|------------------------------|------------------|-------------------------|---------|----------------------------|-----|
| Del                | otor 1 Robert Cast   | illo                          |   |                   | _               |                              |                  |                         |         |                            |     |
|                    | otor 2   |                               |   |                   | _               |                              |                  |                         |         |                            |     |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC            | CT OF ILLINOIS                                      |                   |                 |                              |                  |                         |         |                            |     |
|                    | se number<br>  |                               |   |                   |                 |                              | ended<br>olemen  | 3                       |         | petition chapte<br>g date: | ÷r  |
| 0                  | fficial Form 106l  |                               |   |                   |                 | MM / I                       | DD/ YY           | ΥΥ                      |         |                            |     |
| S                  | chedule I: Your Inc  | ome                           |   |                   |                 |                              |                  |                         |         | 12                         | 2/1 |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **Describe Employment** | are married and not filing wi | ng jointly, and your spo<br>ith you, do not include | ouse is<br>inforn | s livi<br>natio | ng with you,<br>on about you | includ<br>r spou | de inform<br>ise. If mo | ation a | about your ace is needed   | d,  |
| 1.                 | Fill in your employment information.   |                               | Debtor 1  |                   |                 | Dek                          | otor 2 o         | or non-fili             | ing sp  | ouse                       |     |
|                    | If you have more than one job,   | Employment status             | ■ Employed  |                   |                 | ☐ Empl                       |                  | ⁄ed                     |         |                            |     |
|                    | attach a separate page with information about additional   | Employment status             | ☐ Not employed                                      |                   |                 | ☐ Not employed               |                  |                         |         |                            |     |
|                    | employers.   | Occupation                    | Student   |                   |                 |                              |                  |                         |         |                            |     |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name               | Harvet Moon   |                   |                 |                              |                  |                         |         |                            |     |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address            | 1805 W. Division S<br>Chicago, IL 60622             |                   |                 |                              |                  |                         |         |                            |     |
|                    |  | How long employed the         | here? <u>1 year</u>                                 |                   |                 |                              |                  |                         |         |                            |     |
| Par                | t 2: Give Details About Mor  | nthly Income                  |   |                   |                 |                              |                  |                         |         |                            |     |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If y  | you have nothing to repo                            | ort for a         | any li          | ne, write \$0 i              | n the s          | pace. Incl              | lude yo | our non-filing             |     |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                               | ombine the information fo                           | or all e          | mplo            | yers for that                | person           | on the lin              | es bel  | ow. If you nee             | ∍d  |
|                    |  |                               |   |                   |                 | For Debtor                   | 1                | For Deb                 |         |                            |     |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                               |   | 2.                | \$              | 1,221                        | .00              | \$                      |         | N/A                        |     |
| 3.                 | Estimate and list monthly overt  | ime pay.                      |   | 3.                | +\$ _           | 0                            | .00              | +\$                     |         | N/A                        |     |

| 3. | Estimate and list monthly overtime pay.      | 3. | +\$_ | 0.00     | +\$ | N/A |
|----|--|----|------|----------|-----|-----|
| 4. | Calculate gross Income. Add line 2 + line 3. | 4. | \$_  | 1,221.00 | \$  | N/A |
|    |  |    |      |          |     |     |

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| Debtor       | 1 Robert Castillo   | -           | Case r   | number (if known) |                    |                        |              |
|--------------|---|-------------|----------|-------------------|--------------------|------------------------|--------------|
|              |   |             |          | Debtor 1          | non-fili           | btor 2 or<br>ng spouse |              |
| C            | Copy line 4 here  | 4.          | \$       | 1,221.00          | \$                 | N/A                    |              |
| 5. <b>L</b>  | ist all payroll deductions:   |             |          |                   |                    |                        |              |
| 5            | a. Tax, Medicare, and Social Security deductions  | 5a.         | \$       | 164.00            | \$                 | N/A                    |              |
| 5            | b. Mandatory contributions for retirement plans   | 5b.         | \$       | 0.00              | \$                 | N/A                    |              |
| 5            | c. Voluntary contributions for retirement plans   | 5c.         | \$       | 0.00              | \$                 | N/A                    |              |
|              | d. Required repayments of retirement fund loans   | 5d.         | \$       | 0.00              | \$                 | N/A                    |              |
|              | e. Insurance  | 5e.         | \$       | 0.00              | \$                 | N/A                    |              |
|              | f. Domestic support obligations   | 5f.         | \$<br>_  | 0.00              | \$                 | N/A                    |              |
|              | ig. Union dues th. Other deductions. Specify:   | 5g.<br>5h.+ | · : —    | 0.00              | + \$               | N/A<br>N/A             |              |
|              |   | _           | \$       |                   | \$                 |                        |              |
|              | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.<br>7     | · -      | 164.00            | Φ<br>\$            | N/A                    |              |
|              | Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$       | 1,057.00          | Φ                  | N/A                    |              |
|              | ist all other income regularly received:  a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                        | 90          | \$       | 0.00              | ¢                  | N/A                    |              |
| Ω            | monthly net income. b. Interest and dividends   | 8a.<br>8b.  | \$<br>   | 0.00              | \$                 | N/A<br>N/A             |              |
|              | ic. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |             | · —      | 0.00              | Ψ                  |                        |              |
| _            | settlement, and property settlement.  | 8c.         | \$       | 0.00              | \$                 | N/A                    |              |
|              | d. Unemployment compensation  e. Social Security  | 8d.<br>8e.  | \$<br>\$ | 0.00              | \$                 | N/A<br>N/A             |              |
|              | if. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:                |             | \$<br>\$ | 0.00              | \$\$               | N/A                    |              |
| 8            | g. Pension or retirement income   | <br>8g.     | \$       | 0.00              | \$                 | N/A                    |              |
| 8            | h. Other monthly income. Specify:   | _ 8h.+      | * \$     | 0.00              | + \$               | N/A                    |              |
| 9. <b>A</b>  | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.          | \$       | 0.00              | \$                 | N/A                    |              |
|              | Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$      | 1        | ,057.00 + \$      | ı                  | <b>N/A</b> = \$        | 1,057.00     |
| lr<br>0<br>0 | State all other regular contributions to the expenses that you list in Schedule nelude contributions from an unmarried partner, members of your household, your other friends or relatives.  To not include any amounts already included in lines 2-10 or amounts that are not a specify: | depen       | ,        | •                 | ed in <i>Sch</i> e | edule J.<br>11. +\$    | 0.00         |
| V            | Add the amount in the last column of line 10 to the amount in line 11. The res<br>Vrite that amount on the Summary of Schedules and Statistical Summary of Certain  |             |          |                   | , if it            | 12. \$                 | 1,057.00     |
|              | Do you expect an increase or decrease within the year after you file this form'  No.  Yes. Explain:   | ?           |          |                   |                    | Combin<br>monthly      | ed<br>income |

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| Fill      | in this informati                              | on to identify yo                               | our case:                |  |  |                              |   |  |
|-----------|--|---|--------------------------|--|--|------------------------------|---|--|
| Deb       | otor 1   | Robert Cast                                     | illo                     |  |  |                              | k if this is:                           |  |
| Det       | otor 2   |   |                          |  |  | _                            | An amended filing                       | ving postpotition shorter                            |
|           | ouse, if filing)                               |   |                          |  |  |                              | 13 expenses as of                       | ving postpetition chapter the following date:        |
| Unit      | ted States Bankru                              | ptcy Court for the                              | : NORTH                  | IERN DISTRICT OF ILLING                                      | OIS  | Ī                            | MM / DD / YYYY                          |  |
| 1         | se number<br>nown)                             |   |                          |  |  |                              |   |  |
| 0         | fficial For                                    | m 106J  |                          |  |  | I                            |   |  |
| S         | chedule  | J: Your   | Exper                    | ises   |  |                              |   | 12/1   |
| info      | ormation. If mo<br>mber (if known              | ore space is ne<br>). Answer eve                | eded, atta<br>ry questio | If two married people ar-<br>ch another sheet to this to.    |  |                              |   |  |
| Pai<br>1. | t 1: Descri                                    | be Your House<br>case?                          | enold                    |  |  |                              |   |  |
|           | ■ No. Go to                                    | line 2.   |                          |  |  |                              |   |  |
|           | ☐ Yes. <b>Does</b>                             | Debtor 2 live                                   | in a separ               | ate household?   |  |                              |   |  |
|           | □ No<br>□ Ye                                   |   | st file Offici           | al Form 106J-2, <i>Expenses</i>                              | for Separate House   | ehold of Debt                | or 2.                                   |  |
| 2.        | Do you have                                    | dependents?                                     | ■ No                     |  |  |                              |   |  |
|           | Do not list De<br>Debtor 2.                    | btor 1 and                                      | ☐ Yes.                   | Fill out this information for each dependent                 | Dependent's relat<br>Debtor 1 or Debto   |                              | Dependent's age                         | Does dependent live with you?                        |
|           | Do not state t                                 | he  |                          |  |  |                              |   | □ No   |
|           | dependents n                                   | ames.   |                          |  |  |                              |   | ☐ Yes  |
|           |  |   |                          |  |  |                              |   | □ No   |
|           |  |   |                          |  |  |                              |   | Yes  |
|           |  |   |                          |  |  |                              |   | □ No   |
|           |  |   |                          |  |  |                              |   | ☐ Yes<br>☐ No  |
|           |  |   |                          |  |  |                              |   | ☐ Yes  |
| 3.        | expenses of                                    | enses include<br>people other t<br>your depende | han _                    | No<br>Yes  |  |                              |   | <b>1</b> 165   |
|           |  | te Your Ongoi                                   |                          |  |  |                              |   |  |
| exp       | imate your expoenses as of a<br>olicable date. | penses as of you                                | our bankri<br>bankruptc  | uptcy filing date unless y<br>y is filed. If this is a supp  | ou are using this followed the second | orm as a sup<br>J, check the | oplement in a Cha<br>e box at the top o | pter 13 case to report<br>f the form and fill in the |
| the       |  | assistance an                                   |                          | government assistance if<br>luded it on <i>Schedule I:</i> Y |  |                              | Your expe                               | enses  |
| 4.        |  | home owners                                     |                          | ses for your residence. In                                   | nclude first mortgag   | e<br>4. \$                   |   | 0.00   |
|           | If not include                                 | ed in line 4:                                   |                          |  |  |                              |   |  |
|           | 4a. Real es                                    | state taxes                                     |                          |  |  | 4a. \$                       |   | 0.00   |
|           | •  | ty, homeowner's                                 |                          |  |  | 4b. \$                       |   | 0.00   |
|           |  |   |                          | upkeep expenses  |  | 4c. \$                       |   | 0.00   |
|           | 4d. Homeo                                      | wners associa                                   | uon or con               | dominium dues  |  | 4d. \$                       |   | 0.00   |

0.00

Additional mortgage payments for your residence, such as home equity loans

1/19/17 12:22PM

| 6. Utilities: 6a. Electricity, healt, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, call phone, Internet, satellite, and cable services 6c. S  | Deb         | tor 1    | Robert C     | astillo   | Case num            | nber (if known) |                                 |
|--|-------------|----------|--------------|---|---------------------|-----------------|---------------------------------|
| 68. Electricity, heat, natural gas 69. Water, sewer, garbage collection 60. Telephone, cell phone, Internet, satellite, and cable services 60. S   | 6           | Utilitia | es.          |   |                     |                 |                                 |
| B. B. Water, sewer, garbage collection   B. S.   0.00  | 0.          |          |              | heat, natural gas   | 6a.                 | \$              | 0.00                            |
| 6. Telephone, cell phone, Internet, satellite, and cable services 6. 6. Telephone, cell phone, Internet, satellite, and cable services 6. 6. Other, Specify: 6. 6. Other, Specify: 6. 7. \$ 2655,00 6. Othlicare and childron's education costs 6. 8. \$ 0,00 7. Food and housekeeping supplies 7. \$ 2655,00 6. Othlicare and childron's education costs 8. \$ 0,00 7. Food and housekeeping supplies 7. \$ 20,00 8. \$ 30,00 9. Colthing, laundry, and dry cleaning 9. \$ 30,00 9. \$ 30,00 9. Personal care products and services 11. \$ 5. \$ 5.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 145,00 13. \$ 5. \$ 145,00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Charitable contributions and religious donations 16. Learner and training transportations 17. \$ 0.00 16. Learner and training traini |             |          | -            |   | 6b.                 | \$              |                                 |
| 66. Other. Specily:  - Food and housekeeping supplies  - Food and house supplies  - Food and housekeeping supplies  - Food and house supplies  - Food and house supplies  - Food and house supplies  - Food and h                |             |          |              |   | 6c.                 | \$              | 40.00                           |
| 7. Food and housekeeping supplies Childcare and children's education costs Childcare and children's education and services  10. S  |             | 6d.      | Other. Spe   | ecify:  | 6d.                 | \$              |                                 |
| Second Carbon                  | 7.          |          |              | -   |                     | \$              | 265.00                          |
| 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 145.00 14. Charitable carriputorions and religious donations 14. \$ 0.00 15. Insurance. 15. Insurance 15. Insu              | 8.          | Childo   | care and c   | hildren's education costs                                   | 8.                  | \$              | 0.00                            |
| 11. Medical and dental expenses 2. Transportation. Include gas, maintenance, bus or train fare. 2. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. \$ 0.00  15. Insurance. 2. Do not include insurance deducted from your pay or included in lines 4 or 20. 55a. Life insurance 5. \$ 0.00  15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Ve              | 9.          | Clothi   | ing, laundr  | ry, and dry cleaning  | 9.                  | \$              | 30.00                           |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Electraliment, clubs, recreation, newspapers, magazines, and books 13. \$ 60,00 14. \$ 0,00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurances 15c. Vehicle insur              | 10.         | Perso    | nal care p   | roducts and services  | 10.                 | \$              | 15.00                           |
| Do not include car payments.  12. S 145.00  13. \$ 60.00  14. Charitable contributions and religious donations  14. \$ 0.00  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Leath insurance  15c. Vehicle insurance.  15c. Vehicle insurance.  15d. S 0.00  15d. Unitable insurance.  15d. S 0.00  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15d. Other insurance.  15d. S 0.00  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15pecify:  15d. S 0.00  17d. Installment or lease payments.  17a. Car payments for Vehicle 1 17a. \$ 0.00  17b. Car payments for Vehicle 2 17b. \$ 0.00  17c. Other. Specify: Storage Unit 17c. \$ 0.00  17d. Other. Specify: Storage Unit 17c. \$ 0.00  17d. Other. Specify: Storage Unit 17c. \$ 0.00  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).  18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add lines 24 through 21.  23c. Subtract your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from line 22c above.  23d. Subtract your monthly expenses from line 22c above.  23d. Subtract your monthly expenses from line 22c above.  23d. Subtract your monthly expenses or decrease in your expenses within the year of do you expect your mitgage payment to increase or decrease because of a modification to the terms of your m       | 11.         | Medic    | al and der   | ntal expenses   | 11.                 | \$              | 20.00                           |
| 13. Entertaliment, clubs, recreation, newspapers, magazines, and books 13. \$ 60.00 14. Charitable contributions and religious donations 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 50.00 15b. Health insurance 15c. \$ 50.00 15d. Other insurance, specify: 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance, specify: 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance, specify: 17a. \$ 0.00 17b. Carp ayments for Vehicle 1 17a. \$ 0.00 17b. Carp ayments for Vehicle 2 17c. Other, Specify: 17c. Carp ayments for Vehicle 2 17c. Other, Specify: 17d. Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106), Specify: 17d. Other payments on the property on the swho do not live with you. 17d. Other payments on the property on the support others who do not live with you. 17d. Other payments on the property on the support others who do not live with you. 17d. Other payments of the property on the support others who do not live with you. 17d. Other payments of the property on the payments of the property on the payment of the payme        | 12.         |          |              |   | 40                  | •               | 145.00                          |
| 14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. S 0.00 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Vehicle insurance 15d. Other insurance. Specify: 15d. Vehicle insurance 15d. Other insurance. Specify: 15d. Vehicle insurance Specify: 15d. Vehicle insurance Specify: 15d. Vehicle insurance. Specify: 17d. Carp anyments for Vehicle 1 17d. Carp anyments for Vehicle 1 17d. Carp anyments for Vehicle 2 17d. S 0.00 17d. Other. Specify: 17d. Vehicle Specify:                | 4.0         |          |              | 1 7   |                     | ·               |                                 |
| 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. S 0.00 15b. Health insurance 15b. S 0.00 15c. Vehicle insurance 15c. S 0.00 15c. Vehicle insurance. 15c. S 0.00 15c. Other insurance. Specify: 15c. S 0.00 15c. Other insurance. Specify: 15c. S 0.00 15c. Vehicle insurance. And support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106), 18. \$ 0.00 15c. Vehicle insurance. Specify: 15c. S 0.00               |             |          |              |   |                     |                 |                                 |
| Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance insurance 15c. Vehicle insurance 15c. Vehicle insurance insurance 15c. Vehicle insurance insurance 15c. Vehicle insurance insurance 15c. Vehicle insurance ins                |             |          |              | ributions and religious donations                           | 14.                 | \$              | 0.00                            |
| 15a.   | 15.         |          |              | surance deducted from your pay or included in lines 4 or 20 |                     |                 |                                 |
| 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: Storage Unit 17c. Other. Specify: Storage Unit 17d. S 0.00 17d. Other. Specify: Storage Unit 17d. S 0.00 17d. S 0.00 17d. Other. Specify: Storage Unit 17d. S 0.00 17d. S 0.00 17d. S 0.00 17d. S 0.00 17d. Other. Specify: Storage Unit 17d. S 0.00 17d.              |             |          |              |   | 15a.                | \$              | 50.00                           |
| 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. Specify: 15d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 19. Other payments you make to support others who do not live with you. 19d. Other reap roperty expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d. Homeowner's association or condominium dues 20a. \$0.00 20d. Property. Contributions to brother for rent, uttilities, ins, main 21. +\$225.00 22. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthly income) from Schedule 1. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from line 22c above. 23e. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. The result is your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expens         |             |          |              |   |                     | ·               |                                 |
| 15d. Other insurance. Specify:  15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  15. Installment or lease payments:  17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Storage Unit 17d. Other. Specify: Storage Unit 17d. Specify: 18. Specify: 19. Specify: 19. Specify: 19. Specify: 19. Specify: 19. Specify: 20a. Specify: 20b. Real estate taxes 20b. Specify: 20c. Specify: 20d. Maintenance, repair, and upkeep expenses 20d. Specify: 20d. Other: Specify: 20n. Other: Specify: 21d. Contributions to brother for rent, uttilities, ins, main 21. H\$ 225.00 22. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your expenses within the year of do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  ■ No.  |             |          |              |   |                     | ·               |                                 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  17a. Specify:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Specify:  17c. Cher. Specify:  17d. Other. Specify:  18  |             |          |              |   |                     | ·               |                                 |
| Specify:  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Cher. Specify:  Storage Unit  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other specify:               | 16.         |          |              |   |                     | ·               | 0.00                            |
| 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Storage Unit 17d. Other. Specify: Storage Unit 17d. Other. Specify: 17d. \$   |             |          |              |   |                     | \$              | 0.00                            |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: Storage Unit 17d. Other. Specify: 17d. Storage Unit 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 18d. \$ 0.00 18d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. 19  | 17.         |          |              |   |                     | . —             |                                 |
| 17c. Other. Specify: Storage Unit 17d. Other. Specify: 17d. \$ 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). 18. \$ 0.00  19. Other payments you make to support others who do not live with you. Specify: 19. 19. 20a. \$ 0.00  20a. Mortgages on other property 20a. \$ 0.00  20b. Real estate taxes 20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00  20e. Homeowner's association or condominium dues 20e. \$ 0.00  21. Other: Specify: Contributions to brother for rent, uttilities, ins, main 21. +\$ 225.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 1,050.00  23c. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 1,050.00  23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. \$ 7.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a mondification to the terms of your mortgage?  |             |          |              |   |                     | ·               |                                 |
| 17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20b. \$  0.00  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20e. Homeowner's association or condominium dues  20e. \$  0.00  21. Other: Specify: Contributions to brother for rent, uttilities, ins, main  21. +\$  225.00  22. Calculate your monthly expenses  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. S 1,050.00  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a mondification to the terms of your mortgage?  ■ No.  |             |          | . ,          |   |                     | ·               |                                 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  20e. Homeowner's association or condominium dues  20e. Contributions to brother for rent, uttilities, ins, main  21. +\$ 225.00  22. Calculate your monthly expenses  22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income)  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly net income.  24. Do you expect an increase or decrease in your expenses within the year of do you expect your mortgage payment to increase or decrease because of a mondification to the terms of your mortgage?  ■ No.   |             |          |              |   |                     | · —             |                                 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  19.  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Coher: Specify:  Contributions to brother for rent, uttilities, ins, main 21. +\$ 225.00  22. Calculate your monthly expenses 22a. Add lines 24 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly net income.  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |             |          |              | -   |                     | \$              | 0.00                            |
| 19. Other payments you make to support others who do not live with you.  Specify:  19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20f. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a mondification to the terms of your mortgage?  No.   | 18.         |          |              |   |                     | \$              | 0.00                            |
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| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00  21. Other: Specify: Contributions to brother for rent, uttilities, ins, main 21. +\$ 225.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   | _           |          |              |   |                     |                 | 0.00                            |
| 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00  21. Other: Specify: Contributions to brother for rent, uttilities, ins, main 21. +\$ 225.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above. 23b. Copy your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly net income. 23c. The result is your monthly net income. 23c. Subtract your monthly expenses from your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?   |             | 20b.     | Real estate  | e taxes   | 20b.                | \$              | 0.00                            |
| 20e. Homeowner's association or condominium dues  21. Other: Specify: Contributions to brother for rent, uttilities, ins, main  21. +\$ 225.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly net income.  23d. \$ 7.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |             | 20c.     | Property, h  | nomeowner's, or renter's insurance                          | 20c.                | \$              | 0.00                            |
| 21. Other: Specify: Contributions to brother for rent, uttilities, ins, main  21. +\$ 225.00  22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy your monthly expenses from line 22c above.  23b. Copy your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income.  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  |             | 20d.     | Maintenan    | ce, repair, and upkeep expenses                             | 20d.                | \$              | 0.00                            |
| 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23c. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 1,057.00 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  |             | 20e.     | Homeowne     | er's association or condominium dues                        | 20e.                | \$              | 0.00                            |
| 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23c. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 1,057.00 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 7.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  | 21.         | Other    | : Specify:   | Contributions to brother for rent, uttilities, ins, m       | <b>nain</b> 21.     | +\$             | 225.00                          |
| 22a. Add lines 4 through 21.  22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  22c. Add line 22a and 22b. The result is your monthly expenses.  23c. Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$  7.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  | 22          |          |              |   |                     |                 |                                 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.  23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly net income.  23c. The result is your monthly net income.  23c. The result is your monthly net income.  23c. The result is your monthly net income.  23c. No you expect an increase or decrease in your expenses within the year after you file this form?  23c. For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   | 22.         |          | •            | •   |                     | \$              | 1 050 00                        |
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| 23b. Copy your monthly expenses from line 22c above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. Subtract your monthly net income.  23c. \$ 7.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  | 23.         | Calcu    | late your r  | monthly net income.   |                     |                 |                                 |
| 23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 7.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  |             | 23a.     | Copy line 1  | 12 (your combined monthly income) from Schedule I.          | 23a.                | \$              |                                 |
| The result is your <i>monthly net income</i> .  23c. \$ 7.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |             | 23b.     | Copy your    | monthly expenses from line 22c above.                       | 23b.                | -\$             | 1,050.00                        |
| The result is your <i>monthly net income</i> .  23c. \$ 7.00  24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |             | 220      | Cubtroot     | our monthly overses from your monthly income                |                     |                 |                                 |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   |             |          |              |   | 23c.                | \$              | 7.00                            |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.   | 24          | Do vo    | u ovnost s   | un increase or decrease in your expenses within the year    | after you file this | e form?         |                                 |
| modification to the terms of your mortgage?  No.   | <b>∠4</b> . |          |              |   |                     |                 | crease or decrease because of a |
|  |             |          |              |   | .post Jour mortgage | paymont to me   |                                 |
|  |             | ■ No.    |              |   |                     |                 |                                 |
|  |             |          |              | Explain here:   |                     |                 |                                 |

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| Fill in this infor  | rmation to identify your                                | case:                    |               |                         |                  |  |
|---------------------|---|--------------------------|---------------|-------------------------|------------------|--|
| Debtor 1            | Robert Castillo   |                          |               |                         |                  |  |
|                     | First Name  | Middle Name              | Las           | t Name                  |                  |  |
| Debtor 2            |   |                          |               |                         |                  |  |
| (Spouse if, filing) | First Name  | Middle Name              | Las           | t Name                  |                  |  |
| United States Ba    | ankruptcy Court for the:                                | NORTHERN DISTRIC         | CT OF ILLINO  | IS                      |                  |  |
| Case number         |   |                          |               |                         |                  |  |
| (if known)          |   |                          |               |                         |                  | ☐ Check if this is an  |
|                     |   |                          |               |                         |                  | amended filing   |
|                     |   |                          |               |                         |                  |  |
| Official Fam        | m 100Dee  |                          |               |                         |                  |  |
| Official For        |   |                          |               |                         | _                |  |
| Declara             | tion About a  | ın Individua             | ıl Debte      | or's Schedı             | ules             | 12/15  |
|                     |   |                          |               |                         |                  |  |
| t two married p     | eople are filing togethe                                | r, both are equally resp | onsible for s | upplying correct infor  | mation.          |  |
|                     |   |                          |               |                         |                  |  |
|                     |   |                          |               |                         |                  | ent, concealing property, or   |
|                     | ly or property by traud ii<br>18 U.S.C. §§ 152, 1341, 1 |                          | nkruptcy cas  | e can result in tines u | p to \$250,000,  | or imprisonment for up to 20   |
| years, or botti.    | 10 0.3.0. 99 132, 1341, 1                               | 519, and 557 1.          |               |                         |                  |  |
|                     |   |                          |               |                         |                  |  |
| Sig                 | ın Below  |                          |               |                         |                  |  |
|                     |   |                          |               |                         |                  |  |
| Did you pa          | ay or agree to pay some                                 | one who is NOT an att    | orney to help | you fill out bankrupto  | y forms?         |  |
| ■ No                |   |                          |               |                         |                  |  |
| — Vaa               | Name of naroon  |                          |               |                         | Attach Banker    | ntov Botition Dronorovia Matica                                      |
| ☐ Yes.              | Name of person  |                          |               |                         |                  | ptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |
|                     |   |                          |               |                         |                  |  |
|                     |   |                          |               |                         |                  |  |
|                     | alty of perjury, I declare<br>re true and correct.      | that I have read the su  | mmary and s   | chedules filed with thi | is declaration a | and  |
| X /s/ Ro            | bert Castillo   |                          | х             |                         |                  |  |
|                     | t Castillo  |                          |               | Signature of Debtor 2   |                  |  |
| Signatu             | ure of Debtor 1   |                          |               |                         |                  |  |
| Date                | January 19, 2017  |                          |               | Date                    |                  |  |

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| Fi  | II in this information                            | to identify you   | ır case:   |   |  |   |  |  |  |  |  |  |
|-----|---|---|--|---|--|---|--|--|--|--|--|--|
| De  | ebtor 1 Ro  | bert Castillo   |  |   |  |   |  |  |  |  |  |  |
|     |   | t Name  | Middle Name  | Last Name   |  |   |  |  |  |  |  |  |
| 1 ' | ebtor 2<br>pouse if, filing) Firs                 | t Name  | Middle Name  | Last Name   |  |   |  |  |  |  |  |  |
| Ur  | nited States Bankrupt                             | cy Court for the  | NORTHERN DISTRICT C  | OF ILLINOIS   |  |   |  |  |  |  |  |  |
|     | ase number  |   |  |   |  | Check if this is an amended filing                    |  |  |  |  |  |  |
| St  | as complete and ac                                | Financial curate as poss  | Affairs for Indivio  | re filing together, both are                          | equally responsible for su                 |   |  |  |  |  |  |  |
|     | mber (if known). An                               |   | , attach a separate sheet to testion.  | this form. On the top of any                          | additional pages, write yo                 | our name and case                                     |  |  |  |  |  |  |
| Pa  | art 1: Give Details                               | About Your M  | arital Status and Where You  | Lived Before  |  |   |  |  |  |  |  |  |
| 1.  | What is your curre                                | ent marital stat  | us?  |   |  |   |  |  |  |  |  |  |
|     | <ul><li>☐ Married</li><li>■ Not married</li></ul> |   |  |   |  |   |  |  |  |  |  |  |
| 2.  | During the last 3 y                               | ears, have yoυ  | lived anywhere other than v  | where you live now?                                   |  |   |  |  |  |  |  |  |
|     | □ No  |   |  |   |  |   |  |  |  |  |  |  |
|     | Yes. List all of                                  | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |  |   |  |   |  |  |  |  |  |  |
|     | Debtor 1 Prior Ac                                 | Idress:   | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |  |  |  |  |  |  |
|     | 3188 Elston<br>Chicago, IL 606                    | 18  | From-To: <b>2012 to 2014</b>   | ☐ Same as Debtor 1                                    |  | ☐ Same as Debtor 1 From-To:                           |  |  |  |  |  |  |
|     | tes and territories inc  No Yes. Make su          | lude Arizona, Ca  | ver live with a spouse or leg<br>alifornia, Idaho, Louisiana, Nev<br>thedule H: Your Codebtors (Of | vada, New Mexico, Puerto Ri                           |  |   |  |  |  |  |  |  |
| Pa  | Explain the                                       | Sources of You  | ur Income  |   |  |   |  |  |  |  |  |  |
| 4.  | Fill in the total amo                             | unt of income ye  | mployment or from operating<br>ou received from all jobs and a<br>u have income that you receive   | all businesses, including part-                       | time activities.                           | endar years?  |  |  |  |  |  |  |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the</li></ul> | details.  |  |   |  |   |  |  |  |  |  |  |
|     |   |   | Debtor 1   |   | Debtor 2                                   |   |  |  |  |  |  |  |
|     |   |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |  |
|     | or last calendar year<br>anuary 1 to Decemb       |   | ■ Wages, commissions, bonuses, tips  | \$9,243.00  | ☐ Wages, commissions, bonuses, tips        |   |  |  |  |  |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Operating a business

Official Form 107

 $\hfill\square$  Operating a business

Document Page 35 of 56

Case number (if known)

|                             |  |   |  | Debtor 1   |   |  |  | Debtor  | 2  |  |   |          |
|-----------------------------|--|---|--|--|---|--|--|---|--|--|---|----------|
|                             |  |   |  | Sources of<br>Check all th   |   |  | income<br>e deductions and<br>ions)  |   | es of incor<br>all that app  |  | Gross income (before deduction and exclusions)                              |          |
|                             | For the calendar year before that:<br>(January 1 to December 31, 2015) |   | ■ Wages, bonuses, tip  | es, commissions,<br>s, tips \$14,340.00  |   |  |  | ☐ Wages, commissions, bonuses, tips                                 |  |  |   |          |
|                             |  |   |  | ☐ Operatir   | ng a business   |  |  | □Оре  | rating a bu  | ısiness  |   |          |
| 5.                          | Include in and other winnings.  List each                              | come regard<br>public bene<br>If you are fil                                      | dless of whet<br>fit payments;<br>ing a joint ca<br>the gross inc  | her that incom<br>pensions; rer<br>se and you ha   | te is taxable. Exact income; intellive income that y  | amples of<br>rest; divid<br>you receiv   | s calendar years<br>other income are<br>ends; money colle<br>red together, list in<br>ot include income                                | e alimony; chected from late only once                              | awsuits; ro<br>under Debt  | yalties; and<br>tor 1.   |   |          |
|                             | <b>—</b> 163.  | i ili ili tile de   | cialis.  |  |   |  |  |   |  |  |   |          |
|                             |  |   |  | Debtor 1<br>Sources of<br>Describe be  |   | each   | income from<br>source<br>e deductions and<br>ions)   |   | 2<br>es of incom<br>be below.  | ne   | Gross income<br>(before deduction<br>and exclusions)                        | ons      |
| Pa                          | rt 3: Lis  | t Certain Pa  | ayments You  | ı Made Befor   | e You Filed for   | Bankrup  | tcv  |   |  |  |   |          |
| )-                          | □ No.  | Neither Dindividual During the No. Yes  * Subject  Debtor 1 of During the No. Yes | ebtor 1 nor I<br>primarily for a<br>90 days before<br>Go to line:<br>List below<br>paid that continclude<br>to adjustment<br>or Debtor 2 of 90 days before<br>Go to line:<br>List below<br>include pay<br>attorney for | Debtor 2 has a personal, far ore you filed for.  each creditor. Do not be payments to be payments to be possible for both have ore you filed for.  each creditor yments for dor r this bankrup | mily, or househout both bankruptcy, die to whom you pair include paymer an attorney for the devery 3 year primarily consumption bankruptcy, die to whom you pair mestic support of the devery and the whom you pair mestic support of the devery and the whom you pair mestic support of the devery and the whom you pair mestic support of the devery and the whom you pair mestic support of the devery and the whom you pair mestic support of the devery and the whom you pair mestic support of the whom you | umer deb ild purpos id you pay id a total of this bankry is after that umer deb id you pay id a total of this bankry is after that is after th | of \$6,425* or more nestic support ob uptcy case. at for cases filed cots. or any creditor a to of \$600 or more as , such as child su | e in one or r<br>ligations, su<br>on or after th<br>otal of \$600 o | 5* or more?  more paymich as child  ne date of a  or more?  amount yo  limony. Als | ents and th<br>I support ar<br>adjustment.<br>u paid that<br>so, do not in | e total amount yo<br>d alimony. Also,<br>creditor. Do not<br>clude payments | ou<br>do |
| Creditor's Name and Address |  |   |  |  | Dates of payme  | ent  | Total amount paid  | Amour<br>sti  | nt you \<br>II owe   | Was this pa  | ayment for  |          |
| 7.                          | Insiders in of which y a busines alimony.                              | nclude your i<br>you are an o<br>s you opera                                      | relatives; any<br>fficer, directo  | r general partr<br>r, person in co<br>proprietor. 11 l   | ers; relatives of ontrol, or owner o  | any gene<br>of 20% or  | nt on a debt you<br>ral partners; partr<br>more of their voti<br>ments for domesti   | nerships of v   | which you a<br>s; and any  | are a gener<br>managing a  | al partner; corpor<br>agent, including o                                    |          |
|                             |  | Name and  |  |  | Dates of payme  | ent  | Total amount   | Amour   | nt you   | Reason for   | this payment  |          |
|                             |  |   |  |  | ,   |  | paid   |   | ll owe   |  |   |          |

Debtor 1 Robert Castillo

Page 36 of 56 Document Case number (if known) Debtor 1 Robert Castillo Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☐ No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property Explain what happened **NORTHERN TRUST, NA** SFR: 1105 N. Spalding, Chicago, IL 60651 2012 Unknown PO BOX 92992 CHICAGO, IL 60675 ☐ Property was repossessed. Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied. NORTHERN TRUST, NA Condo: 2412 W. Bryn Mawr, Unit 1N, 2013 Unknown PO BOX 92992 Chicago, IL 60651 CHICAGO, IL 60675 ☐ Property was repossessed. Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Nο

Yes. Fill in the details.

**Creditor Name and Address** Describe the action the creditor took Amount Date action was taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes Case 17-01558 Doc 1 Filed 01/19/17 Entered 01/19/17 12:23:49 Desc Main

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| Pa  | rt 5: List Certain Gifts and Contributions   |  |   |                          |
|-----|--|--|---|--------------------------|
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.   | tcy, did you give any gifts with a total value of more t   | han \$600 per person'                   | ?                        |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave the gifts                | Value                    |
|     | Person to Whom You Gave the Gift and Address:  |  |   |                          |
| 14. | No   | tcy, did you give any gifts or contributions with a tot  | al value of more than                   | \$600 to any charity?    |
|     | Yes. Fill in the details for each gift or con  |  |   |                          |
|     | Gifts or contributions to charities that totamore than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) | al Describe what you contributed   | Dates you contributed                   | Value                    |
| Pa  | rt 6: List Certain Losses  |  |   |                          |
| 15. | Within 1 year before you filed for bankrupte or gambling?  | cy or since you filed for bankruptcy, did you lose any   | thing because of thef                   | t, fire, other disaster, |
|     | Yes. Fill in the details.  |  |   |                          |
|     | how the loss occurred  | escribe any insurance coverage for the loss aclude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost   |
| Do  | rt 7: List Certain Payments or Transfers   |  |   |                          |
|     | Within 1 year before you filed for bankrupto consulted about seeking bankruptcy or pre   | cy, did you or anyone else acting on your behalf pay eparing a bankruptcy petition? parers, or credit counseling agencies for services require           |   | rty to anyone you        |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |  |   |                          |
|     |  | Description and value of any property  | Data waymant                            | Amazunt af               |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You   | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment        |
|     | Linda Bal Law Inc.<br>207 N. Walnut Street<br>Itasca, IL 60143<br>LindaBal @att.net  | Attorney Fees  | 10/3/16                                 | \$795.00                 |
|     | Linda Bal Law Inc.<br>207 N. Walnut Street<br>Itasca, IL 60143<br>LindaBal@att.net   | Credit report  | 10/3/2016                               | \$50.00                  |
|     | Credit Card Management Services Inc<br>aka DebtHelper.com<br>4611 Okeechobee Blvd. #114<br>West Palm Beach, FL 33417                 | Credit Counseling Class.   | 1/18/2017                               | \$24.00                  |

ase number (if known)

Debtor 1 Robert Castillo

Case 17-01558

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☐ Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City,

State and ZIP Code)

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Case number (if known) Document Debtor 1 Robert Castillo

| Par | 19: Identify Property You Hold or Control for  | Someone Else  |        |                                    |                       |  |  |
|-----|--|---|--------|------------------------------------|-----------------------|--|--|
| 23. | Do you hold or control any property that someofor someone.   | one else owns? Include any prope  | rty yo | ou borrowed from, are storing fo   | r, or hold in trust   |  |  |
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |   |        |                                    |                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | De     | scribe the property                | Value                 |  |  |
| Par | 10: Give Details About Environmental Information   | ation   |        |                                    |                       |  |  |
| For | he purpose of Part 10, the following definitions   | apply:  |        |                                    |                       |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul | ir, land, soil, surface water, groun                                      | _      | •                                  |                       |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   | <u>-</u>  | law,   | whether you now own, operate,      | or utilize it or used |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or  | mental law defines as a hazardou  | s wa   | ste, hazardous substance, toxic    | substance,            |  |  |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of whe  | n the  | ey occurred.                       |                       |  |  |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable                                     | e unc  | der or in violation of an environm | ental law?            |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |        |                                    |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State ar<br>ZIP Code) | nd     | Environmental law, if you know it  | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?  |        |                                    |                       |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |        |                                    |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | nd     | Environmental law, if you know it  | Date of notice        |  |  |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any env   | /ironi | mental law? Include settlements    | and orders.           |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |        |                                    |                       |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Na     | ture of the case                   | Status of the case    |  |  |
| Par | 11: Give Details About Your Business or Con  | nections to Any Business  |        |                                    |                       |  |  |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have a  | ny of  | the following connections to an    | y business?           |  |  |
|     | lacksquare A sole proprietor or self-employed in a $f t$   | trade, profession, or other activity                                      | , eith | er full-time or part-time          |                       |  |  |
|     | ☐ A member of a limited liability company  | (LLC) or limited liability partnersh                                      | nip (L | LP)                                |                       |  |  |
|     | ☐ A partner in a partnership   |   |        |                                    |                       |  |  |
|     | ☐ An officer, director, or managing execut   | tive of a corporation   |        |                                    |                       |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |        |                                    |                       |  |  |

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|             | ■ No. None of the above applies. Go to P   | art 12.                                       |   |
|-------------|--|---|---|
|             | ☐ Yes. Check all that apply above and fill   | in the details below for each business.       |   |
|             | Business Name<br>Address   | Describe the nature of the business           | Employer Identification number Do not include Social Security number or ITIN.                                     |
|             | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper              |   |
|             |  |   | Dates business existed  |
| 28.         | Within 2 years before you filed for bankrupto institutions, creditors, or other parties. | cy, did you give a financial statement to a   | nyone about your business? Include all financial  |
|             | ■ No   |   |   |
|             | Yes. Fill in the details below.  |   |   |
|             | Name<br>Address  | Date Issued                                   |   |
|             | (Number, Street, City, State and ZIP Code)   |   |   |
| Pa          | t 12: Sign Below   |   |   |
| are<br>with |  | alse statement, concealing property, or o     | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
|             | Robert Castillo  |   |   |
|             | bert Castillo<br>nature of Debtor 1  | Signature of Debtor 2                         |   |
| Da          | e January 19, 2017   | Date  |   |
| Did         | you attach additional pages to Your Statemen   | nt of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)?   |
|             |  |   | - , , , ,   |
|             | 'es  |   |   |

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

Debtor 1 Robert Castillo

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| Debtor 1           | Robert Castillo | כ           |           |                       |
|--------------------|-----------------|-------------|-----------|-----------------------|
|                    | First Name      | Middle Name | Last Name |                       |
| Debtor 2           |                 |             |           |                       |
| Spouse if, filing) | First Name      | Middle Name | Last Name |                       |
| Case number [      |                 |             |           | ☐ Check if this is an |
| if known)          |                 |             |           | ☐ Check if this is an |
| ,                  |                 |             |           | amended filing        |

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                             | _   |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.    | ☐ Yes   |
| property securing debt:                                   | ☐ Retain the property and [explain]:                             |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | ☐ Retain the property and redeem it.                             |   |
| Description of  | Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |
| property<br>securing debt:                                | ☐ Retain the property and [explain]:                             |   |
| Creditor's  | ☐ Surrender the property.  | □ No  |
| name:   | Retain the property and redeem it.                               | _   |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.    | ☐ Yes   |
| property  | ☐ Retain the property and [explain]:                             |   |
| securing debt:  Creditor's                                | ☐ Surrender the property.  | □No   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Document Page 42 of 56 Debtor 1 Robert Castillo Case number (if known) name: ☐ Retain the property and redeem it. ☐ Yes ☐ Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Life Storage □ No Yes Storage unit rental Description of leased Property: **Debtor is lessee** Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. X /s/ Robert Castillo Signature of Debtor 2 **Robert Castillo** 

Date

Signature of Debtor 1

January 19, 2017

Date

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |   | Liquidation        |   |
|------------|---|--------------------|---|
| \$24       | 5 | filing fee         | _ |
| \$7        | 5 | administrative fee |   |
| + \$1      | 5 | trustee surcharge  |   |
| \$33       | 5 | total fee          |   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-01558 Doc 1 Filed 01/19/17 Entered 01/19/17 12:23:49 Desc Main Document Page 47 of 56

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In r | e Robert Castillo   |   | Case No.  |                                     |
|------|---|---|---|-------------------------------------|
|      |   | Debtor(s)   | Chapter   | 7                                   |
|      | DISCLOSURE OF COMPEN  | SATION OF ATTO  | RNEY FOR DI   | EBTOR(S)                            |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of   | of the petition in bankruptcy   | , or agreed to be paid  | to me, for services rendered or to  |
|      | For legal services, I have agreed to accept   |   | <u> </u>  | 795.00                              |
|      | Prior to the filing of this statement I have received   |   | \$  | 795.00                              |
|      | Balance Due   |   | \$  | 0.00                                |
| 2.   | \$335.00 of the filing fee has been paid.   |   |   |                                     |
| 3.   | The source of the compensation paid to me was:  |   |   |                                     |
|      | ■ Debtor □ Other (specify):   |   |   |                                     |
| 4.   | The source of compensation to be paid to me is:   |   |   |                                     |
|      | $\blacksquare$ Debtor $\square$ Other (specify):  |   |   |                                     |
| 5.   | ■ I have not agreed to share the above-disclosed competent  | nsation with any other person   | unless they are mem   | bers and associates of my law firm. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name   |   |   |                                     |
| 6.   | In return for the above-disclosed fee, I have agreed to rene  | der legal service for all aspec   | ts of the bankruptcy  | case, including:                    |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statering c. Representation of the debtor at the meeting of creditorsid. [Other provisions as needed]         Negotiations with secured creditors to represent the reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on house.     </li> </ul> | ment of affairs and plan which<br>is and confirmation hearing, a<br>duce to market value; ex<br>is as needed; preparation | n may be required;<br>and any adjourned hea<br>emption planning | arings thereof;                     |
| 7.   | By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any disclosed any other adversary proceeding.  | does not include the following chargeability actions, jud   | g service:<br>icial lien avoidanc                               | es, relief from stay actions or     |
|      |   | CERTIFICATION   |   |                                     |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding.  | agreement or arrangement for  | r payment to me for i   | representation of the debtor(s) in  |
| ١,   | January 19, 2017  | /s/ Linda G. Bal  |   |                                     |
| _    | Date  | Linda G. Bal 620  |   |                                     |
|      |   | Signature of Attorno<br>Linda Bal Law In  |   |                                     |
|      |   | 207 N. Walnut St  |   |                                     |
|      |   | Itasca, IL 60143<br>630-285-0255 Fa   | ax: 866-285-0754  |                                     |
|      |   | LindaBal@att.ne   |   |                                     |
|      |   | Name of law firm  |   |                                     |

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LINDA G. BAL

ATTORNEY AT LAW, MBA

Linda Bal Law Inc.

207 North Walnut Street • Itasca, Illinois 60143

630.285.0255 • Fax: 866.300,1077

Email: LindaBal@att.net

### **Bankruptcy Retainer Agreement**

Cole

OUR LAW FIRM IS A DEBT RELIEF AGENCY. WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE US BANKRUPTCY CODE.

| To bert Cast, 110  |                    |
|--|--------------------|
| retain Attorney, Linda G. Bal, ("Attorney"), in connection with representing Client regardant representation of the following: | Client")<br>arding |

The Flat Fee of \$ 795 1. for Legal Fees is required to be paid for representation of Client in Chapter 7 Bankruptcy Case. In the event that Client elects not to proceed with the bankruptcy filing, the Law office of Linda Bal Law Inc. will retain Three hundred dollars (\$300.00) of the initial retainer fee for administrative expenses plus earned fees, including legal fees billed at \$200.00 per hour and paralegal time billed at \$100.00 per hour, and refund any unearned balance.

طالهد

An additional \$335.00, payable to Attorney Linda Bal, for the Court Filing Fee of the Bankruptcy Petition.

- An additional \$50.00 fee, payable to Attorney Linda Bal, for the Tri-Pull Credit Report, which will be used to assist our office in determining Client's credit card debt and Client's debt in collection.
- An additional \$38.00 fee, payable to the Credit Counseling Class Company, for 4. two Required Credit Counseling Courses (\$24.00 for first class and \$14.00 for second class - if taken on internet). This fee is to be paid directly to the Credit Counseling Course Company.
- Client understands that Attorney will not do any work on client's 4. file until Legal Fee (line 1), Court Filing Fee (line 2) and Credit Report Fee (line 3) are paid in full.

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- 5. Client understands that the Bankruptcy Petition will be prepared for Client's review and signing within twenty one days (21) days after all the following are submitted to our office: (a) Legal Fee, (b) Court Filing Fee, (c) Credit Report Fee, (d) Client has submitted copies of all required documents and (e) Client has taken the first Bankruptcy Credit Counseling Class.
- 6. Once the Bankruptcy Petition is signed by the Client and filed with the Court, additional bills can be added to the Bankruptcy Petition through an Amendment for a fee of One Hundred Fifty Dollars (\$150.00) per Amendment. This fee must be received prior to filing the Amendment. Amendments can be filed with the Court up until the date of Final Discharge.
- 7. Client understands that if any check given in payment to Attorney is returned for insufficient funds, Client agrees to immediately pay Attorney a Forty Dollar (\$40.00) NSF check fee in addition to the amount of the returned check. This payment and any future payments must therefore be made in cash, certified check or money order.
- 8. Attorney reserves the right to withdraw from Client representation at any time, if among other things, Client fails to honor the terms of this Agreement, including non-payment of Attorney and court filing fees; Client fails to cooperate or follow advice on a material matter, or if any fact or circumstance arises or is discovered that would render continuing representation unlawful or unethical. Client is aware of an ethical requirement imposed upon all Attorneys in the State of Illinois and Attorney is an officer of the court. If a Client, in the course of representation by an Attorney, perpetrates a fraud upon any person or tribunal, the Attorney is obligated to call upon the Client to rectify the same. If the Client refuses or is unable to do so, the Attorney is required to reveal the fraud to the affected person or tribunal.
- 9. Since the outcome of negotiations and litigation is subject to factors which cannot always be foreseen, Client acknowledges and understands that Attorney has made no promises or guarantees to Client concerning the outcome and is unable do so. Nothing in this Bankruptcy Retainer Agreement shall be construed as such a promise or guarantee.
- 10. Client agrees that Attorney may discard Client records within three (3) years of the completion of the Client's bankruptcy case.
- 11. Attorney shall provide Client with the following services:
  - a. Review and analyze Clients financial circumstances based on information provided by Client.

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- b. If possible and to the extent possible, based on the information provided by Client, advise Client of the Clients options, including but not limited to bankruptcy options.
- c. Inform Client what information Client needs to provide Attorney in order to allow Attorney to provide appropriate advice and option information, in the event such information Client provided is insufficient.
- d. Advise Client of the appropriate requirements in connection with the filing of a Chapter 7 or Chapter 13 bankruptcy, including the duties of Client connected with such filing.
- e. Assuming that a U.S. Bankruptcy proceeding is filed, Attorney services will include all typical Attorney required participation in such proceeding. Attorney Bal or one of her Associate Attorneys will attend the Meeting with the Trustee, 341 Meeting.
- f. If Client's proceeding requires additional, but not customary work, Attorney will inform Client directly, and enter into a separate written contract for such services to fully apprise Client of the fees, payment requirements, and expected services to be provided.
- 12. Client acknowledges his/her obligation to make full and complete disclosure of all assets and all liabilities, and to provide all documents and information requested by the Attorney, before the bankruptcy petition can be prepared and filed with the court.
- 13. Client acknowledges that he/she must take two Credit Counseling Classes. The Pre-Petition Class must be taken before the Bankruptcy is filed. The Post-Petition Class must be taken after the Bankruptcy is filed and client has been assigned Bankruptcy Case Number. Client acknowledges that their Bankruptcy cannot be finalized unless both Credit Counseling Classes are taken.
- 14. Client acknowledges that Attorney does not represent Client in any other type of case, lawsuit or proceeding other than Clients Bankruptcy case.
- 15. Client acknowledges that only copies of documents are to be submitted to Attorney. No documents submitted to Attorney will be returned to Client.
- 16. Client acknowledges that the Attorney will not research creditor information, including addresses, account numbers, or balances. The Client must provide this information to the Attorney in writing. Failure to do so may result in unscheduled debts subject to non-dischargeability.

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17. Client agrees that the following matters are not included within the scope of this Flat Fee Bankruptcy Retainer Agreement. Client agrees that, as to the matters listed below, the Attorney will not take any action on Clients behalf, without a written request and/or a separate Retainer Agreement and possibly an additional retainer:

- a. **Preparing Reaffirmation Agreements**, negotiating the terms of reaffirmation agreements proposed by creditors, motions to redeem personal property, and negotiating reaffirmation agreements when Clients income is not sufficient to rebut the presumption of undue hardship and special circumstances do not warrant the signing of a reaffirmation agreement.
- b. Removal of bank account freezes.
- c. Removal of wage garnishments.
- d. Getting creditors who have been discharged in their Bankruptcy to stop calling.
- c. Correcting Credit Reports.
- f. Obtaining title reports.
- g. Removal of a pending action in another court. Motion to impose or extend the bankruptcy stay.
- h. The determination of real estate or tax liens.
- Motions to Discuss Clients bankruptcy case filed by the Trustee, U.S. Trustee, or any creditor.
- j. Any Adversary Proceeding filed by the Trustee, U.S. Trustee, or any other party on any basis, including, without limitations, proceedings to determine dischargability of debts.
- k. Appeals to the BAP, District Court of Court of Appeals.
- Negotiations with Check Systems regarding Client.
- m. Mailing fee for clients who do not have email.
- 18. Client understands that certain debts cannot be discharged in bankruptcy. Client agrees that Client is still liable to repay any debt not discharged in Clients bankruptcy. Client understands that the debts listed below are common examples of the types of debts that cannot be discharged in bankruptcy. Client further understands that the list of non-dischargeable debts may be expanded by legislation or court decisions and Attorney has no control over the type of debts that may be or become non-dischargeable.
  - a. Taxes due to the IRS.
  - b. Student loans as defined by statute.
  - c. Debts owed for spousal or child support.
  - d. Debts owed to the spouse, former spouse, or child in a domestic relations proceeding.

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- e. Debts arising from a previous bankruptcy wherein discharge of that particular debt was waived.
- f. Debts owed for money, property, services, extension-or-removal, or refinancing of credit, if obtained by false pretenses, or false representations, or actual fraud.
- g. Consumer debts for luxury goods obtained within ninety (90) days of the date of filing of the bankruptcy petition.
- h. Cash advances obtained within seventy (70) days of the date of the filing of the bankruptcy petition.
- i. Debts owed for fraud or defalcation while acting in a fiduciary capacity, or embezzlement or larceny.
- j. Debts owed for fines, penalties, or forfeitures payable to and for the benefit of governmental entity.
- k. Debts owed for death or personal injury arising from the operation of a motor vehicle, boat, or aircraft while intoxicated by drugs or alcohol.
- Olient understands that filing bankruptcy does not automatically discharge or remove liens from any real estate. Client agrees that the Attorney will not take any action to avoid (remove) any lien on real estate unless Client specifically authorizes the Attorney to do so in writing. Client agrees that the Attorney will rely on Clients statements concerning ownership of real property and any liens attached to Clients real property. Client agrees that no real estate title search will be conducted. Client agrees that Attorney will not conduct a public records search for lawsuits filed against Client or judgments granted against Client. Client must separately order and pay for a real estate title search, or public records search for lawsuits or judgments, if Clients wishes to obtain one. Client agrees to hold the Attorney harmless if client later discovers liens, lawsuits or judgments against Client or against Clients real estate.
- 20. Client understands that individuals who file for relief under Chapter 7 or Chapter 13 of the Bankruptcy Code are subject to audits by the U.S. Trustee. If Clients case is selected for an audit, Client agrees to pay Attorney the customary hourly rate for representing Client in such audit.
- 21. Client acknowledges that Client has read and understands all the terms contains in this Bankruptcy Retainer Agreement and that, whether written, spoken, recorded or transcribed by any other means, no other terms are made part of this Bankruptcy Retainer Agreement. Client is in agreement with the terms of this agreement and has signed on the signature lines below. Client further acknowledges that Client has received a copy of this Bankruptcy Retainer Agreement.
- 22. Client's file will be closed without a refund if case not filed within nine (9) months of opening, due to client's delay in furnishing paperwork or paying the required fees and costs.

10/20/2016 13:08 866-285-0754 LINDA BAL AND ASSOC PAGE 06 Entered 01/19/17 12:23:49 Desc Main Case 17-01558 Doc 1 Filed 01/19/17 Page 53 of 56 Document Linda Baid aw inc. Bankruptcy Remainer Agreement Page 6 of 6 Dated: \_ 3 | 20/16 Robert Castillo Client Printed Name

Client Spouse Signature

Client Spouse Printed Name

Chefroberto castillo @ gnail . Cu Client Email Address \_\_\_\_\_

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## United States Bankruptcy Court Northern District of Illinois

|       |  | Tion them District of Inniois         |                     |                           |
|-------|--|---------------------------------------|---------------------|---------------------------|
| In re | Robert Castillo                            |                                       | Case No.            |                           |
|       |  | Debtor(s)                             | Chapter             | 7                         |
|       | VE   | CRIFICATION OF CREDITOR N             | MATRIX              |                           |
|       |  | Number o                              | of Creditors:       | 17                        |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and o | correct to the best of my |
| Date: | January 19, 2017                           | /s/ Robert Castillo Robert Castillo   |                     |                           |

CHASE CARD PO BOX 15298 WILMINGTON, DE 19850

COLLECTION PROFESSIONA 400 N DUDLEY ST MACOMB, IL 61455

Comcast Cable PO Box 3001 Southeastern, PA 19398-3001

ComEd PO BOX 6111 Carol Stream, IL 60197-6111

CONSUMER COLLECTION MN 2333 GRISSOM DR SAINT LOUIS, MO 63146

Dish Network
Dept 0063
Palatine, IL 60055-0063

DIVERSIFIED P O BOX 551268 JACKSONVILLE, FL 32255

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL 32256

EOS CCA PO BOX 981008 BOSTON, MA 02298

Hearthland Bank 401 N. Hershey Road Bloomington, IL 61702

KOHLS/CAPONE N56 W 17000 RIDGEWOOD DR MENOMONEE FALLS, WI 53051 NORTHERN TRUST, NA PO BOX 92992 CHICAGO, IL 60675

Peoples Gas ATTENTION: BANKRUPTCY DEPARTMENT 130 E. RANDOLPH 17TH FLOOR CHICAGO, IL 60601

PORTFOLIO RECOVERY ASS 287 INDEPENDENCE VIRGINIA BEACH, VA 23462

Sprint PO BOX 4191 Carol Stream, IL 60197-4191

TIDEWATER MOTOR CREDIT 565 CEDAR RD CHESAPEAKE, VA 23320

Vanguard Community Management 50 E. Commerce, Suite 110 Schaumburg, IL 60173